Magnitude Outside Consenses India, your Township only Length of stay in 16 STATE MO STATE M	SSO	UR		DI	VIS	SION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-000473$
Second Butler State Mo	TME	11 0	F	PU	81. 10	egistration District NoPrimary Registration District No. 3007' Registrar's No. 564 STATE FILE NUMBER
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during most of working life, even if retired) Rettrad Farmer 13a. MAHER'S NAME William Perry Harmon Lillio Belle Brock Deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT JOSEPH Lee Harmon Jr 18. CAUSE OF DEATH Hars only use cause per line if Conditions, if any, which gave its to establish the under: Joseph Lee Harmon Jr INTERVAL BETWEE ONSE AND DEATH ONSE AND DEATH Conditions, if any, which gave its to establish the under: Joseph Lee Harmon Jr INTERVAL BETWEE ONSE AND DEATH ONSE AND DEATH ONSE AND DEATH ONSE AND DEATH FART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal person of injury in PART I or PART II of Item 18.) The WAS AUTORY Zos. CCIDENT SUICIDE HOMICIDE Zob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) The WAS AUTORY Zos. CCIDENT SUICIDE HOMICIDE Zob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) The WAS AUTORY Zos. CCIDENT SUICIDE HOMICIDE Zob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) The WAS AUTORY Zos. CCIDENT SUICIDE HOMICIDE Zob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) The WAS AUTORY Zos. CCIDENT SUICIDE HOMICIDE Zob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) The WAS AUTORY Zos. CCIDENT SUICIDE HOMICIDE Zob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) The WAS AUTORY Zos. CCIDENT SUICIDE HOMICIDE Zob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) The WAS AUTORY Zos. CCIDENT SUICIDE HOMICIDE Zob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) The WAS AUTORY Zos. CCIDENT SUICIDE HOMICIDE Zob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) The WAS AUTORY Zos. CCIDENT SUICIDE HOMICIDE Zob. DESCRIBE HOW INJU		1			۱ _	Male White x 1-1-1896 66
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(Yes, the or unknown) (If yes, give war or dates of service		1				· - · · · · · · · · · · · · · · · ·
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	11	-				Watkins & sons Funeral Home, 2/1/1962 Aulma, Stakan
	-	ı	l l	-		Pudico (Licensed Embalmer's Statement on Reverse Side)

I hereby cert	tify that the body whose name is r	ecorded on the reverse side	e of this certificate was embalmed
or by			, Student Embalmer No
working under my p	personal supervision.		2
Student		Signed_	nutti
\$	Signature of Student Embalmer		
			Licensed Embalmer No. 49 46
			P. O. Address October

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his QWN handwriting.

If this body is not embalmed, fact should be so stated above.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply